

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3066

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 223-4			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2529B S. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2529B S. Broadway				d. STREET ADDRESS (If rural, give location) 2529B S. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Mae		b. (Middle)		c. (Last) Stice		4. DATE OF DEATH (Month) (Day) (Year) 1/3/50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 10, 1887	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Sharp		13b. MOTHER'S MAIDEN NAME Unknown Sievers		14. NAME OF HUSBAND OR WIFE William	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Levitt--5232 Delmar Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Haemorrhage ANTECEDENT CAUSES DUE TO (b) Carcinoma Rt. Breast DUE TO (c) Metastasis liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs 2 yrs 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 50		21f. HOW DID INJURY OCCUR? 170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 1/3 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 10/27 , 19 49 , to 1/3 , 19 50 , that I last saw the deceased alive on 1/3 , 19 50 and that death occurred at 6:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas Simpson		(Degree or title) M.D.		23b. ADDRESS 3739 Gravois		23c. DATE SIGNED 1-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/6/50		24c. NAME OF CEMETERY OR CREMATORY Mud Springs Cemetery		24d. LOCATION (City, town, or county) (State) Ledbetter, Kentucky	
DATE REC'D BY LOCAL REG. JAN 5 1950		REGISTRAR'S SIGNATURE SBasater		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weldner		ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Handwritten mark

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Delia J. Krupine

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.